



FORTIS HEALTHCARE LIMITED

CIN: L85110PB1996PLC045933

Registered Office: Fortis Hospital, Sector 62, Phase VIII, Mohali, Punjab- 160062

Ph.: +91-172-5096001, Fax: +91-172-5096221

Email: secretarial@fortishealthcare.com; Website: www.fortishealthcare.com

PROXY FORM

[Pursuant to Section 105(6) of the Companies Act, 2013 and Rule 19(3) of the Companies (Management and Administration) Rules, 2014]

Name of the member (s) :

Registered address :

E-mail ID : Folio No. / *Client ID-*DP ID

I/We, being the member(s) of _____ shares of the above named Company, hereby appoint:

1) Name _____, Address _____ having e-mail id _____ or failing him/her

2) Name _____, Address _____ having e-mail id _____ or failing him/her

3) Name _____, Address _____ having e-mail id _____

and whose signature(s) are appended below as my/our proxy to attend and vote (on a poll) for me/us and on my/our behalf at the **22nd Annual General Meeting** of the Company, to be held on Friday, September 28, 2018 at 12:30 p.m. at National Institute of Pharmaceutical Education and Research Mohali, Sector 67, SAS Nagar, Mohali, Punjab and at any adjournment thereof in respect of such resolutions as are indicated below:

** I wish my above Proxy to vote in the manner as indicated in the box below:

Resolution No.	Resolutions	For	Against
1.	Adoption of Accounts for the year ended March 31, 2018		
2.	Ratification of Appointment of Statutory Auditors		
3.	Ratification and Confirmation of Remuneration of Cost Auditors		

* Applicable for investors holding shares in electronic form.

Signed this..... day of.....2018

Signature of shareholder

Signature of first proxy holder

Signature of second proxy holder

Signature of third proxy holder

Affix ₹
1/- Revenue
Stamp

Note:

** This is only optional. Please put a '✓' in the appropriate column against the resolutions indicated in the Box. If you leave the 'For' or 'Against' column blank against any or all of the resolutions mentioned above, your Proxy will be entitled to vote in the manner as he/she thinks appropriate..



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ATTENDANCE SLIP

PLEASE FILL ATTENDANCE SLIP AND HAND IT OVER AT THE ENTRANCE OF THE MEETING HALL

Joint shareholders may obtain additional Slip at the venue of the meeting

DP ID*	
Client ID*	

Folio No.	
No. of Shares	

NAME AND ADDRESS OF THE SHAREHOLDER/PROXY

I/We hereby record my/our presence at the **22nd ANNUAL GENERAL MEETING** of the Company held on Friday, September 28, 2018 at 12:30 p.m. at National Institute of Pharmaceutical Education and Research Mohali, Sector 67, SAS Nagar, Mohali, Punjab.

* Applicable for investors holding shares in electronic form.

Signature of Shareholder / proxy